



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL SOUTH

City of Hospital: Indianapolis

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-0128

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$436223611
Outpatient Patient Service Revenue	\$444604336
Total Gross Patient Service Revenue	\$880827947

2. Deductions From Revenue

Contractual Allowance	\$608228139
Other Deductions	\$2422172
Total Deductions	\$610650311

3. Total Operating Revenue

Net Patient Service Revenue	\$270177636
Other Operating Revenue	\$1643609
Total Operating Revenue	\$271821245

4. Operating Expenses

Salaries and Wages	\$59334921	Employee Benefits	\$14122746
Depreciation and Amortization	\$9072208	Interest Expense	\$3582565
Bad Debt	\$19087482	Other Expenses	\$107512086
Total Operating Expenses	\$212712008		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$59109237	Total Assets	\$472621948
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$2389685

Total Net Gains	\$59109237
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$392465007	\$320219507	\$72245500
Medicaid	\$152797910	\$125618040	\$27179870
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$335565030	\$164812764	\$170752266
Total	\$880827947	\$610650311	\$270177636

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$2422172
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$494088	
HCI Payments	\$0		
Subtotal	\$0	\$494088	\$-494088
Medicaid Shortfalls	\$26070414	\$40956774	
Subtotal	\$26070414	\$41450862	\$-15380448
DSH Payments	\$0		
Subtotal	\$26070414	\$41450862	\$-15380448
Medicare Shortfalls	\$69874812	\$80062862	
Other Government Programs	\$0	\$0	
Total	\$95945226	\$121513724	\$-25568498

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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